CalOMS Field Readiness
Region Meeting – November 14, 2003
San Mateo Meeting Notes

Attendees

The following table lists the participants in the CalOMS Field Readiness regional meeting of November 14, 2003.

County/Direct Provider/ADP	Representatives	
Alameda	Barry Hall Mary Thomas	Gary Spicer
Contra Costa	Victor Kogler Bill Ullom	Kimberly Mayer A. Henry
Fresno	Dennis Koch Christine Howland	Juan Witrago
Monterey	Rosalinda McNeely	
Sacramento	Glen Holland	
San Francisco	Tom Hagan Joseph McCray	Jim Stillwell Estafanos Tsegay
San Mateo	Roxy Macawile Desi Tafoya Christine O'Key Enza Bologna Rebecca Wixon Paula Nannizzi Pat Morrisey	William Huffman Denise Rios Catherine Barber Janet Miller John Jones Rex Andrea
Santa Clara	Martha Beattie	
Santa Cruz	Tracy Hertindahl	
Sonoma	Gino Giannavola	Sarah Moore
ADP	George Lembi Larry Carr Jesse McGuinn	Marjorie McKisson Jon Meltzer Claudio Mejia
MRC	Laurie Thornton Arielle Ocel	Hung Lee

Opening and Introductions

Madsen Rayner Consulting (MRC) was hired by ADP for the Field Readiness portion of the CalOMS project. MRC staff facilitated the meeting, presented information on the Field Readiness project (deliverables and timeframes), led the discussion on top issues and concerns, and clarified any questions about the field readiness survey. ADP staff attended to present information on the CalOMS requirements, answer questions, and to listen to the issues and concerns from counties.

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Laurie Thornton (MRC facilitator) noted the different venues for collecting feedback on field readiness from counties – survey, regional meetings, and follow-up conference calls.

Jessie McGuinn gave background information on why CalOMS is necessary. She discussed performance partnership grants, the need for outcomes statistics, and how this critical information is an investment in the future of AOD treatment.

Field Readiness Presentation and Questions

The presentation has two focuses: 1) an overview of the CalOMS requirements and 2) the Field Readiness project deliverables and timeframes, including expectations on county and direct provider involvement.

ADP is currently at end of the requirements phase for CalOMS and beginning the field readiness assessment. Data collection for CalOMS begins in October, 2004.

CalOMS Requirements (Treatment)

ADP reviewed the four major points in time for data collection: Admission, Discharge, Post Admission, and Follow-up. ADP reviewed each of the data categories (i.e. PPG, CADDS, UCI, etc.) and the 9 month follow-up sampling methodology.

CalOMS model is for counties to work with treatment providers to collect CalOMS data. Counties will send data electronically to ADP. ADP, through CalOMS, will provide data back to counties as extracts and reports.

Question (Q), Answers (A) and Comments(C):

Q: If ADP is about to issue an RFP, how does readiness fit in at this point? It seems like readiness is too late. What if there is something brought out in the readiness piece that shows that there is a critical change needed or the timeline needs to change?
A: *Field Readiness is needed to gather information on the issues, barriers and obstacles that counties will face in implementing CalOMS. It is not the intention that the field readiness results will alter CalOMS requirements. It is the hope that Field Readiness will identify issues, toolkit items and plans that will support the counties in their efforts to implement CalOMS.*

Q: Are CalOMS requirements still "up for debate"?
A: *CalOMS requirements have already been finalized.*

C: One county estimates they will be able to treat about 8% fewer clients due to the additional time required to collect ASI data and to perform follow-ups. The

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ASI Lite CF and follow-up is being asked for, and it seems like counties don't have a say. Counties questioned the fact that requirements are set and there is no negotiating or discussions on this point.

Q: For small counties, the sample size may not be representative. Will ADP over-sample for smaller counties?
A: *Yes.*

Q: Was CalTOP able to show that treatment was effective through outcomes measurement? Was the evidence conclusive?
A: *CalTOP was a pilot to see if it was feasible to collect outcomes data. CalTOP showed that for every $1 spent in AOD treatment, $7 was saved in other state programs. CalTOP also indicated that collecting specific service data (for example, logging counseling sessions, medications taken, etc…) was not viable.*

Q: Is there research that shows that the outcomes measurements planned in CalOMS are valid and reliable?
A: *Yes.*

Q: If we already know the dollar impact of treatment, why are we doing CalOMS? If we already know that 1 dollar of treatment saves 7 dollars in other areas, why are doing this?
A: *ADP says that with CalOMS, we are also focused on the treatment itself, in addition to collecting broader outcomes measurements on an ongoing basis.*

Q: Is the sampling methodology for follow-ups stratified by service provider?
A: *No, it is at the county level.*

Q: Is the sampling methodology for follow-ups stratified by service type?
A: *No.*

C: If counties wanted to have providers perform the follow-up for their clients, the sampling methodology has an impact on provider staffing. If providers hired someone to do follow-up, they potentially will not have any follow-ups to perform in one period and many to perform in another.

Q: What is the turnaround time on the follow-up sampling list?
A: *The total time window for follow-up sampling is anticipated to be 8 weeks. ADP has not issued the policy on this yet.*

C: ASI data elements will be a burden. Counties recommend scaling this down. Has ADP considered just including the 50 or so ASI Lite questions that are used in the scores and factors?

Q: The amount of data collected will be burdensome to the client as well. Have clients (AOD treatment receivers) been involved in the requirements gathering phase?
A: *No.*

Q: Will the state have a web site for those counties that can't automate?
A: *No. Perhaps counties could consider a consortium that would share expenses for a site, but ADP will not be maintaining a system for county data collection.*

Field Readiness Project

MRC reviewed Field Readiness project, deliverables and timeframes. All counties and direct providers are being surveyed. After ADP's receipt of the surveys, MRC will have a follow-up conference call to confirm and clarify any survey questions. MRC will gather feedback, analyze and compile the data into individual field readiness assessment reports, as well as an overall report. In addition to the field readiness assessment reports, MRC will develop toolkit items to be provided to counties and direct providers. Additional toolkit ideas are needed from counties. Early in 2004, ADP contracted has with MRC to work with counties and direct providers to prepare individual county plans for the implementation of CalOMS.

Q: Since surveys are due in 1 week, are you going to be familiar with the surveys before the conference calls? Counties would find it more helpful if they knew the aggregate data from other counties before going into the conference call.
A: *We will be familiar with the surveys before the conference calls, as long as counties get them to us by 11/21. We have held some conference calls before a county survey has been turned in, if that county has questions about the survey that prevent them from completing it prior to the conference call. Aggregate data from other counties will be available as part of the overall field readiness assessment due out in early January, 2004.*

Identify and Discuss top issues and concerns

The following issues were raised by meeting participants. Common themes were identified: follow-up and sampling, prevention, system issues, data collection, implementation, scope/timing, and privacy.

Follow-up and Sampling

- Until the stratified sampling is in place, there is a selection bias at the county level. That selection bias could bias the outcomes study.

- CalOMS should be client focused. It is not feasible from a client perspective. Someone from the county will need to do the follow-up (not

the provider) because the sampling occurs at the county level and not the provider level.

- Would ADP consider making follow-up a state responsibility (maybe farmed out to UCLA) and take it out of county realm? This would really help counties. This is a follow up item.

- Can sampling be done up front so that ASI is collected only on those clients that may be a part of the followed-up set (25%)? This is a follow up item.

Q: Would incentive payments be allowed for follow-up?
A: *This is a county decision.*

Q: From the sampling plan, my county might not get valid outcomes at the provider level?
A: *True*.

Q: There's a way to do stratified sampling where you sample within modality. I think provider level is too low. It's better if sampling is done considering client service modality (outpatient, residential, methadone…etc.) Counties requested stratified sampling based on modality.
A: *This approach is not planned for Phase I of CalOMS.*

Prevention

- Counties are concerned about being able to react to and implement prevention requirements, considering the other issues counties are facing during the same timeframes, (CalOMS treatment collection, HIPAA).

Q: When are we going to find out requirements for Prevention? They are generally less equipped to handle this type of change. Is the deadline the same?
A: *Counties will be hearing from ADP on prevention requirements in the future. It will be a parallel development cycle.*

Systems

- AccuCare software is currently being used by some counties. AccuCare does not use the ASI Lite CF version of the ASI. ADP should consider accepting other versions of the ASI, not just the free ware. This is a follow up item.

- Counties expressed concern over ongoing system enhancements and incorporating CalOMS data needs within the timeframes (ECHO counties, for example).

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Data Collection

Q: Will there be any Drug Medi-Cal payment structure change due to increase time needed to collect data?
A: *ADP is looking into this.*

Q: Are youth not a part of CalOMS?
A: *Phase I doesn't include youths. ASI Lite doesn't work well for youths and perinatal.*

- Counties request to get number of data elements down to a manageable size. Collecting this amount of data, especially for follow-up, will be extremely hard. Will ADP consider consolidating number of CalOMS questions? This is a follow up item.

- Clarification is needed on detox clients. This is a follow-up item.

- For scoring, only 55 data elements are needed from the ASI Lite. In one county, providers have agreed to collect those 55 data elements only. Will ADP consider this approach for CalOMS? This is a follow up item.

- Feasibility for providers to perform data collection should be tested. This project hasn't been tested in a real world environment.

- Concern expressed over whether clients will be willing and able to have such a long intake. Some clients will not be able to focus and respond for a long interview. CalOMS may not be feasible to implement from a client perspective.

- Does anyone have an approximate amount of time it will take to collect this data at time of intake? This is a provider, a client and a county concern. Intake currently takes approximately 45 minutes. Now we are looking at 2 – 3 hours. For some clients, this amount of time is absolutely not reasonable.

- ASI Lite and CADDS – Currently San Mateo is taking 45 minutes to do this at the intake appointment. They have an assessment team that administers the ASI.

- Monterey takes approximately 90 minutes to do the full ASI and intake process, including the referral process. They have a centralized intake. This time includes engaging the client.

- Counties requested ADP provide estimates to help counties quantify the amount of time needed for the various points in time for CalOMS data

collection. Counties need to know this type of estimate for budgeting purposes.

- Collecting ASI data will be difficult due to time limit and staff capabilities. If DMH Client and Service Information system was used it might make more sense.

Q: Is it a requirement of CalOMS to complete the data gathering in one sitting?
A: *ADP doesn't think so, but policy has not been established. This is a follow-up item.*

Q: How much time do we have to collect the intake data? It may take a few weeks to collect all this data.
A: *ADP has not yet determined the required window of time. This is a follow-up item.*

- Qualifying clients – short term clients may end up being mixed in with real clients. You may want to qualify clients based on services for the ASI Lite collection. Client drop out rates are an important consideration.

- There is a lot of new terminology being used here. Counties need definitions, for example, "administrative discharge".

Q: For changes in levels of care clients are admitted, discharged and admitted again. The ASI instrument is collected each admission. Can providers share this instrument so data collection can be reduced?
A: *If it's PPG or TEDS, you can't. For ASI, ADP can take this up with the feds.*

- The model for treatment has changed. Clients are often multi-modality today.

- One county stated that the ASI follows the client to different providers. Data doesn't have to be re-keyed – just updated.

- Program managers concern – ASI is considered subjective. ASI is considered more subjective than some other tools.

- Quality concern – staff collecting ASI data are non-licensed. This has potential impact on the quality of data.

- There is a need to conceptualize a new paradigm of treatment and the issue of collecting ASI data. All other data elements are reasonable. County is worried about the quality of the ASI data and amount of time it is going to take to collect it.

Q: The data element list appears that to show the same questions are being asked more than once? Why?
A: *Similar questions are asked at different points in time. It's to show change over time.*

Q: Is there a definition of mandatory versus critical for data elements.
A: *Yes, the definitions are in the CalOMS requirements document.*

Implementation

- We can figure out what to do at the county level to get ready. Counties are unsure of the value in doing a survey follow-up conference call or in creating individual county plans with ADP for implementation of CalOMS. Counties are unsure whether MRC's assistance will be meaningful.

CalOMS Scope/Timing

- ECHO counties – a number of counties are currently developing MIS systems that will accommodate this type of data gathering, as well as HIPAA. We need to scope this project appropriately. It is too big over too short a time.

- Lead administrative time is needed for re-negotiating contracts for dollars and funding. Contract changes will be a significant effort and represents a barrier for counties.

- June is too late to provide us information on standard contract boiler-plate language. We need it in February /March.

- Timing issue – budget process starts in December and budgets are submitted in March. ADP can't expect counties to change on a dime.

Privacy

- SSN & Drivers License data elements – privacy and identity theft issues.
- CalOMS data collection needs to meet HIPAA requirements.

Survey Overview

The survey is a self assessment instrument, with AOD treatment as its scope. One survey should be completed by each county and/or direct provider. MRC hopes that the survey will prompt counties to start thinking about and planning for the CalOMS implementation. Completed surveys are due to ADP on November 21, 2003 (one week after regional meeting).

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Survey Discussion – Questions and Answers

Q: Our (county) estimates might change over 3 to 6 months. Are our estimates going to be held against us in the future or used for other purposes by ADP?
A: *The estimates will be used for the field readiness assessment report only, as point-in-time estimates. ADP understands that the estimates are best guesses based on county's current information. ADP will not be using the estimates for any other reason.*

Q: SAPT funds may be used – do you want explanations on use of those funds and the impacts of using those funds? (#26 & #27)
A: *Yes. Comment fields can be used to give us this additional information. Question #27 also solicits the anticipated impact to treatment levels within a county.*

Q: When will the list of data elements be finalized?
A: *They are final, although the document says draft. This is a follow-up communication item for ADP.*

Q: Are your SAPT funds sufficient to cover you expenses of initial implementation? Are counties expected to answer this question considering the other needs of the county or CalOMS implementation alone?
A: *Answer it factoring in the other needs of the county during this period.*

Q: Will there be ADP work sessions or a way to pose technical questions for the data elements list? Counties need definitions of data valid values; for example, what qualifies as a 'don't know' response?
A: *ADP will consider holding technical requirements clarification sessions.*

Wrap-up

- Thank you to San Mateo for providing lunch. Thanks to counties for their participation and input.
- Surveys are due one week from today.
- MRC will distribute meeting notes back to participants.
- January 2004 – compiled field readiness data (survey and discussion results) will be shared at the CAADPAC quarterly meeting in January 2004.

Follow-up Items for ADP and MRC

- ADP will send an email to counties and direct providers on the CalOMS requirements document and data elements. Although the documents state 'DRAFT,' they are the final documents.
- Counties requested that ADP hold technical requirements clarification sessions with counties.

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- Counties asked whether there will be changes to Drug Medi-Cal payment structures.
- ADP will consider making follow-up a state responsibility and take it out of county realm.
- Counties asked whether it is a requirement of CalOMS to complete the intake data gathering in one sitting. This was answered with a tentative no, but ADP needs to set policy.
- Counties asked how much time they have to collect the data at various points in time? ADP needs to set policy.
- Counties requested estimates from ADP on data collection timeframes for each point in time.
- Counties requested clarification on detox clients. Are they included? Is an ASI Lite CF expected for detox clients?
- Counties asked if ADP would consider making follow-up a state responsibility (maybe farmed out to UCLA) and take it out of county realm? This would really help counties.
- Counties asked if sampling can be done up front so that ASI is collected only on those clients that may be a part of the followed-up set (25%)?
- Counties asked if ADP would consider accepting other version of the ASI. AccuCare software is currently being used by some counties. AccuCare does not use the ASI Lite CF version of the ASI. ADP should consider accepting other versions of the ASI, not just the free ware.
- Counties request to get number of data elements down to a manageable size. Collecting this amount of data, especially for follow-up, will be extremely hard. Will ADP consider consolidating number of CalOMS questions?
- For scoring, only 55 data elements are needed from the ASI Lite. In one county, providers have agreed to collect those 55 data elements only. Will ADP consider this approach for CalOMS?
- MRC will post field readiness presentation on the web.
- Counties requested that ADP post final CalOMS requirements on the web.
- Q: For changes in levels of care clients are admitted, discharged and admitted again. The ASI instrument is collected each admission. Can providers share this instrument so data collection can be reduced?
  A: *If it's PPG or TEDS, you can't. For ASI, ADP can take this up with the feds. Feds don't care about ASI, the State does.*